



PSA submission to Te Whatu Ora

People and Communications (P&C)  
Consultation Document

## Introduction

### The Public Service Association

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 90,000 members. We are a democratic organisation representing members in the public service, the wider state sector, local government and non-governmental organisations working in the health, social services and community sectors. We have over 23,000 members at Te Whatu Ora.

The PSA believes that maintaining a high functioning, valued and experienced workforce provides for a quality service for the people who use the service, which is also a critical factor for stakeholders.

### PSA Approach to Restructurings and Reviews

The PSA recognises that change will be necessary to achieve the 5 key system shifts of the health reforms and that change will be a feature of developing and creating Te Whatu Ora. This submission contains constructive and specific recommendations on both the process and substance of the current change proposals.

As a union, the PSA has considerable experience of change proposals and their effects upon staff and service delivery and is not resistant to change. Our focus is on:

- **Employment and job security:**
  - Maximising opportunities for redeployment, development and training and minimising job losses.
  
- **Worker voice:**
  - Ensuring PSA members can have a say in the decisions about whether and what change is needed.
  - Ensuring PSA members can have a say in determining any formal process for implementing any change.
  
- **Fairness and transparency:**
  - Ensuring change processes are procedurally fair and transparent.
  - Ensuring decision making processes are transparent.
  
- **Ensuring any change promotes sustainable services, high performing productive workplaces and decent jobs:**
  - Mobilising members' knowledge to improve the efficiency and quality of services and jobs.
  - Once the change has been implemented, monitoring the impact on services and workloads.

### *Collaborative approach*

A collaborative approach to change produces better outcomes and maintains productivity. How change happens and how workers are engaged in the design and delivery of new structures is crucial.

The importance of clear communication around change processes is a core principle for the PSA. This has also repeatedly been upheld by the courts. Goddard CJ adopted the following propositions from a 1993 Court of Appeal judgement (Communication and Energy Workers Union v Telecom NZ Ltd [1993] 2 ERNZ 429) as a guide to employers and employees.

If there is a proposal to make a change, and such change requires to be preceded by consultation, it must not be made until after consultation with those required to be consulted. **“They must know what is proposed before they can be expected to give their views.”** (see Port Louis Corporation).

This does not involve a right to demand assurances but there must be sufficiently precise information given to enable the person to be consulted to state a view, together with a reasonable opportunity to do so. This may include an opportunity to state views in writing or orally.

The requirement for consultation is never to be treated perfunctorily or as a mere formality. The person or body to be consulted must be given a reasonably ample and sufficient opportunity to express views or to point to problems or difficulties (see Port Louis Corporation).

Consultation must be allowed sufficient time.

### This submission

The submission reflects feedback from PSA members at Te Whatu Ora, who provided written comments and participated in group discussions.

This submission responds to the People and Communications (P&C) Consultation Document. The first half of the submission discusses the process and the second half gives substantive comments on the proposal.

### Our members support the health reforms.

Our members have always been very supportive of the goals of the health reforms and embraced the benefits a unified health system could bring. Our submissions to the Pae Ora Healthy Futures Bill were enthusiastic and our members welcomed the formation of Te Whatu Ora and Te Aka Whai Ora. In order for these reforms to succeed Te Whatu Ora will need to build a culture and practice of listening to workers.

### Consultation Process

The People and Communications consultation document is the latest wave in a series of Te Whatu Ora consultation processes. Throughout this process the PSA has drawn Te Whatu Ora’s attention to the problems in the consultation process

### Meaningful response is impossible without adequate information

As with previous change proposals, our members raised concerns that they did not have sufficient information to provide a meaningful response.

### *In our members' voices*

I don't know what is happening and unable to comment.

It appears they have generically lumped people together to get the numbers of roles, which doesn't necessarily make sense. The proposal does not give adequate information as to how the changes will be implemented.

Each Te Whatu Ora consultation process for each area that they are restructuring has been very ambiguous. It mainly talks about what is happening at a national only level. Little to no information is provided or explained about what is happening for each district/hospital. I don't know if the people I work with are leaving or staying and they don't seem to know either.

I don't understand the proposal. People are worried about job cuts, but I have no idea if they're cutting jobs or adding them in.

There is no clear vision or strategy for us to understand what is supposed to be achieved other than cost savings by reducing FTE.

### *Document initially lacked information about roles that are proposed to be disestablished*

The PSA has repeatedly raised the issue of the lack of information in previous change documents. Therefore, we were very concerned to see that initially the People and Communications change proposal did not have a list of roles that were proposed to be disestablished, information that had been available in other change proposals. The lack of information about disestablished roles made the process more opaque and arbitrary.

The lack of transparency around the current FTE count and the roles that were being disestablished has hidden the fact that there are significant cuts in the proposal and current workers will need to do more with less resource. This has hindered members' ability to give good feedback.

### *In our members' voices*

List of impacted roles was released after the change proposal document and without bringing its release to the attention of staff or unions. No idea about the mapping process or who has been consulted to get to this result.

Unfortunately they haven't listened to any of the feedback that was given during phase one. A lot of the structure just refers to an FTE and people can't actually see where they sit or what roles have been disestablished.

The change team failed to provide timely and accurate information about which roles were impacted and disestablished. A list was provided after the consultation was already open, meaning we lost days where we couldn't feedback with full information to inform our submissions.

The second consultation document is almost as bad. It's poorly written, overly complicated and appears designed to confuse. It's also missing vital information

like who does what currently and which roles will go where and why, who is being proposed for disestablishment.

The impact tables weren't in the first document, when they first came out. So it made it quite difficult to navigate what's actually happening in terms of the service. We got the future state, so we didn't see what the impacted roles, which wasn't good in terms of transparency.

**Recommendation 1: All Te Whatu Ora consultation restructuring proposals must include information about positions that are proposed to be disestablished including roles which are currently vacant.**

#### *Lack of Job descriptions*

Throughout this change process members have been frustrated by the lack of information about proposed roles. They have repeatedly raised the problems with giving feedback about proposed roles without a job description that outlines the size, scope, and level of the role. Many of our substantive comments on the proposal involve questions about the new roles that could be answered if Te Whatu Ora provided job descriptions.

Mapping members to new roles requires a high level of similarity between the two roles. How can members be confident about this similarity without job descriptions?

I have been told I have been mapped from my current role to a new one with title change) and new reporting line (to a national level rather than district manager). But when I asked to see the job description for the new role, was told it didn't exist as yet. So how was the role mapping done? How do they know my current role is equivalent to the new one? –

Pay grades have been excluded throughout the process, applying for roles when you have no real indication as to where that sit has been a headache for many. Job descriptions have been less than adequate for the new roles.

**Recommendation 2: All Te Whatu Ora consultation restructuring proposals must include sufficient information about proposed roles, including job descriptions and salary.**

#### *Impact of lack of information for wider workforce*

People and Communications' purpose is to support the workforce, so our wider membership who rely on the services of People and Communications also need to understand what is proposed. The current document does not provide adequate information for the wider workforce to provide information about whether the structure will provide the services they rely on. One member expressed this problem succinctly:

Who is actually on site, how does the proposed HR structure work? Who do we engage for employment issues in our workspaces?

Our members have not been provided the time to fully understand this proposal and therefore will not be able to give important feedback about the impact these changes will have on the wider workforce.

The lack of information about disestablished roles was a particular concern for our members who worked outside People and Communications. Workers in other parts of Te Whatu Ora, understand People and Communications functions through the roles they interact with and the people they know. If they did not know which roles were being disestablished, they could not give feedback on the impact this would have on the services they use.

*In our members voices:*

The consultation document is HUGE but also lacking detail about specific positions that will be impacted. Previous consultation documents had an appendix which specified which positions are to be affected, which makes it easier to understand the impacts at a local level. It's hard to do that with this one.

I did not manage to get my head around anything to do with the change and restructure from day 1 because I didn't have much time to do that so in the end subsequent communication makes no real sense to me.

**Recommendation 3: Te Whatu Ora develop a brief summary of the change proposals in people and communications for the wider workforce so that they can give feedback.**

*Lack of information of current state*

The PSA has again and again raised concerns that change proposals have been made without sufficient information about the current state. This document does not contain an outline of the current state and our members had questions about where parts of their work would go and where their roles fitted (we will address some of these in the substantive portion of feedback). Lack of information about the current state is an obstacle to workers seeing themselves in the proposals and exacerbates the problems outlined in the previous section – and makes it very difficult for members to provide feedback.

Inaccurate data about the current state raises doubts about the integrity of the proposals as a whole. When the information about the current state is inaccurate, members are rightly sceptical about mapping and what is proposed. We reiterate what we have said before – without good data about the current state it is impossible to produce a robust change proposal.

The lack of information and inaccurate information about the current state can have a significant impact on individuals and cause unnecessary stress. For example, a fixed-term employee has been mapped to permanent role without first being confirmed as a permanent employee, and then advised they are still fixed term and to speak with their manager. The manager is proposed to be disestablished and the new manager will not be in place before the fixed term period ends. We will represent and support our members to ensure their legal rights are recognised, but this behaviour has created substantial unnecessary stress and complications to what should be a simple process.

In another example, project workers have been mapped to roles that require specialist knowledge in the area of the project they are currently working on. They do not have this specialist knowledge, they are general project managers. As they have been mapped to a new role, they are not able to put in an EOI for roles that are more relevant to their experience, but the mapping was done on bad

information. Other members, who were afraid of being identified, also noted the arbitrary nature of the mapping, based on lack of information about the current state.

*In our members voices:*

the list also contained inaccuracies with existing roles completely missing from the list and roles on the list that were fixed term and shouldn't have been included. how can we have confidence the change team understands what they're doing when they do this? how can they come up with a proposed structure when they don't even understand accurately what roles there are now? it's a joke.

I don't think at National level they understand at operational level what my position entails.

They don't know what our jobs actually are and trying to shove us into the wrong spaces. This is NOT te tiriti led. they need to actually understand what or roles are

It doesn't collate to the current structure. They have given our Manager a redeployment notice and my role grouped with the rest of my team is displayed as unchanged however there is an Asterix in the box stating that one of the roles is a Team Leader. This team leader role does not currently exist.

I feel that our roles in our team at Bay of Plenty have been incorrectly mapped as all of our tier 1 HR Admin support roles have been proposed to be disestablished as our job titles are not reflective of what our roles are. We support the payroll, recruitment, business partners and rostering teams as well as providing a HR/Payroll helpdesk. In a lot of other districts similar roles just have a reporting line change.

The proposal shows a lack of understanding of the importance of relationships we have at local and regional levels.

**Recommendation 4: The next step of this change proposal, and all other Te Whatu Ora change documents, contain a map of the current state as well as a proposal for change.**

*What would a good process look like?*

Our members expressed a desire to have the opportunity to develop new models collectively with people who complete similar roles across the country. Developing the best delivery model nationally, requires national discussion and collaboration.

**Recommendation 5: Te Whatu Ora undertake workshops with people who complete similar roles across the country and develop a model based on collaboration, before the next step in this change proposal.**

*Transition*

The proposal contains no clear outline of transition procedures and how work will be maintained in the meantime. There are many examples of local roles that are going to be disestablished

immediately, but new ways of working are not going to be developed until Horizon two. There is substantial risk to Te Whatu Ora, throughout its work programme, in staff with considerable knowledge leaving and disestablishing local knowledge and roles, before national structures have been set up. National structures will be strongest if they build on what is done best throughout the country and this can't happen if all the local roles have been disestablished.

Who will carry out the local work that is required for the organisation to function if some staff are national and the rest are disestablished? There is no transition plan to inform the wider workforce of what mahi we do needs to be picked up by others outside of P&C.

**Recommendation 6: Te Whatu Ora develop processes on what transition is required and how it will be implemented and supported in consultation with workers, unions, and internal users of services. All future proposals contain details about the transition.**

### IEAs

The PSA has repeatedly raised its concern with Te Whatu Ora at the process proposed for those workers on Individual Employment Agreements (IEAs). This change document reproduces previous documents blanket statement that all current IEA terms and conditions will be removed and replaced with a Te Whatu Ora IEA. Te Whatu Ora proposes to remove any grandparented terms and conditions a worker may hold with no discussion occurring. If Te Whatu Ora proceeds in this way it may be a breach of Te Whatu Ora's good faith obligations. We are concerned that we have repeatedly raised this issue, but the same language is being used in consultation documents.

**Recommendation 7: Te Whatu Ora clarifies its intent for those on IEA's to ensure a fair process is conducted when/if IEA's are amended and that Te Whatu Ora meets all its obligations under the Employment Relations Act 2000.**

### Complying with collective agreements

The sudden appearance of the term contestable reconfirmation in the change proposals is alarming. The content of the process is simply unlawful. The process for addressing a staffing surplus is well articulated in the multiple collective employment agreements and well tested in caselaw. PSA will support any member subjected to this heinous process.

The manner in which re consultation has been undertaken and is proposed to be undertaken does not meet the requirements of consultation as defined in Section 4 of the Employment Relations Act or caselaw. Lawful consultation requires: time, an idea not yet decided and sufficient information to make a meaningful response.

Employees can and should only be reconfirmed to roles that meet the general provisions relating to reconfirmation as set out in the vast majority of our Collective Agreements. The provisions are outlined below:

Where a position is to be transferred into a new structure in the same location and grade, where there is one clear candidate for the position, the employee is to be confirmed in it. Where there is more than one clear candidate the position will be advertised with appointment made as per normal appointment procedures



*In our members' voices:*

Some colleagues who do the same work have change of reporting line and others have been proposed disestablished, a highly inequitable approach.

**Recommendation 8: Te Whatu Ora comply with the change provisions as set out in the various employment agreements**

### Substantive Feedback People and Communications

We asked for feedback on what members thought would work well. Our members supported some of the long term aims such as streamlining systems and collaboration between roles.

*In our members' voices*

The- only positive I can see is introducing a translation function to comms and engagement.

The 'plan' to streamline our systems to all be using the same systems instead of 29 different payroll, HR and learning management systems

In theory I support equal resources across the country. I support more collaboration between areas. I support removing duplications of roles. I support having overarching guidance and direction / policy etc.

### Health, Safety, Wellbeing and Organisational Resilience Proposals

Our members working in teams that were proposed to become part of the Health, Safety, Wellbeing and Organisational and Resilience Team identified serious issues with the current proposal.

#### *Integrate Occupational Health and Health and Safety*

Our members were very clear that separating Occupational Health and Health and Safety was a step backwards that would have a negative impact on the health, safety, and wellbeing of the workforce. The proposal separates the two functions and has them reporting to separate General Managers.

*In our members' voices*

The proposal shows little regard for the health and safety of our staff and will take us back about 20 years by further driving a wedge between the safety team and the occ health team.

Integrate the safety and occ health teams and provide more clarity on where local leadership is going to come from. How can we work as influencers if there is no one working at that level.

**Recommendation 9: Integrate Health and Safety and Occupational Health and Wellbeing.**

#### *Understaffing health and safety delivery teams*

Our members expressed serious concerns that the Health and Safety delivery teams were understaffed. There were a number of decisions made during the design that would reduce the staffing of H&S.

First, FTE seem to have been taken from current staffing levels and not taken into account current vacancies or the use of contractors to make up staffing shortfalls.

Second, the proposal disestablishes local managerial roles, without considering the impact this has on expertise and competency. When the manager has knowledge and competency, removing that role from the team creates a gap that will need to be filled.

Third, the proposal treats all current Health and Safety roles as generic, even though there can be considerable specialisation in expertise.

#### *In our members' voices*

We will be understaffed and have a lack of competency. This lack of competency will go up to the senior leaders of the function as some of these are not technically competent but will now be leading technical projects.

The evaluation of HS delivery from a staff competency aspect has not been acknowledged our org is displayed as bums on seats however half of these are not competent safety advisors and with the subtraction of a safety manager who is competent from the team this puts a lot of strain on the team to deliver.

The FTE in our H&S delivery team does not account for vacancies with contractors holding the workload so we will already be inadequately staffed.

At the moment only some of our H & S roles specialists/generalists, the rest of us are quite specific in what we do even though our titles include S & W Advisor; we are not interchangeable.

It does not take into account the existing skills or capabilities of team members which in some areas does not support this structure. - This proposal is dangerous!!

**Recommendation 10: Increase the Health and Safety delivery teams FTE to take into account vacancies, contracted roles, and the removal of management expertise and consider introducing specific roles, such as data specialist.**

#### *Additional health and safety roles*

The health and safety and occupational health teams are missing a couple of key roles that are present in other teams. Neither team has a data specialist despite a very significant need to improve and make consistent health and safety data and measurement (this is referred to elsewhere in the document). It may be intended to draw upon other teams' resources here, but function often follows form and dedicated resource would be a big step in the right direction.

The Industrial Workplace Relations & Remuneration Team also has roles called IR Specialist Interest Based Problem Solving for the major occupational groups. There would be value in complementary dispute resolution capacity in the health and safety teams.

**Recommendation 11: That health and safety interest based problem solving and data roles be created.**

### *Functioning of health and safety delivery teams across districts*

The new proposal involved merging delivery teams in some districts, without specific information about how this merge would work. Information such as whether people would be required to work across areas and how these roles would be distributed was absent. Without this information it is impossible for members to give meaningful feedback. Members need to know what is proposed, before they can give feedback either on their own work, or on the implications for the service as a whole.

This lack of clarity was exacerbated by the omission of Southern from the Health and Safety delivery teams. The last Health & Safety Delivery box does not contain information. Is it intended to be the Southern Health and Safety Delivery team? Does that role have a team leader?

#### *In our members' voices*

The roles need to be specific, not generic. We need to see how the 3 areas will be covered - will we need to move to even out the numbers of H & S advisors per area numbers of staff/size of hospital? Our roles are physically involved, we do not sit at our desks all day, we are not remote workers, every day we are out and about assisting staff with H & S matters.

In delivery team 6 we merge with 2 other hospitals, each of whom have 1 H & S advisor. No one can answer if the 7 FTEs are going to cover all 3 areas.

**Recommendation 12: That the next consultation document contains a concrete proposal of how local delivery teams that cover multiple districts will function so that members can give meaningful feedback.**

### *Emergency Management*

Our members emphasized the importance of emergency management: "There has never been a greater need for emergency management in health - we've seen an unprecedented increase in natural and man-made events over the last few years."

They had serious concerns about the proposals for emergency management. In some areas the Emergency Management capacity was increased, and that increase was appreciated. However, in larger areas capacity was cut significantly.

The proposals do not reflect the work the sector has done and is not informed by their expertise. Our members did not think that emergency management fitted well into People and Communications.

#### *In our members' voices*

The sector has done a lot of work over the last eight months or so to develop a national workplan and possible ways of working. We also commented heavily on the 'preproposal' that was released prior to this document. - - Unfortunately, the work that was done seems to have been mostly ignored. Emergency management is barely mentioned in the documents and yet there are proposed

to be significant cuts across the sector, especially in metro areas with tertiary hospitals.

The changes to the emergency management structure as proposed will decimate this specialized sector and have a negative impact for years to come. There will be a significant loss of experienced and skilled staff to other sectors within government, to the private sector, or overseas, and the ones who are left may struggle to do the work required.

Emergency management hasn't been placed under the correct arm of Te Whatu Ora. It doesn't naturally fit under People and Communication and would be better placed under the Office of the Chief Executive or Hospital and Specialist Services.

**Recommendation 13: Revise the proposal for Emergency Management to incorporate the national workplan undertaken by the sector. Reverse cuts to Emergency Management where they take place. Consider moving Emergency Management to the Office of the Chief Executive or Hospital and Specialist Services**

#### *Organisational and Culture Development*

Our members identified serious concerns with the proposal for Organisational and Culture Development. In particular, the substantial reduction in capacity for learning and development would have significant impact on the workforce and Te Whatu Ora as a whole.

#### *Substantial understaffing in learning and development*

The proposal involves significant cuts to the learning and development capacity within Te Whatu Ora. There are just two learning and development roles in each delivery support teams. Members who worked in this area and the wider membership both emphasised the inadequacy of this staffing level.

Our members emphasised that Members identified serious system problems that would arise if the structure was implemented. For example, if the administrator who inputs information about who has completed which course is disestablished, then managers will not be able to identify staff who have undertaken training and therefore will not be able to schedule them to work. The reduction of support from local Learning Management Systems Clinical educators will increase the non-clinical workload of clinical educators – with high risk of both stress and burnout and also reduced capacity for the clinical advisors.

Members emphasised the advantages of learning and development teams support clinical educators, and what would no longer be possible with reduced FTE.

The proposal is not at all clear who will do the work that is currently done by learning and delivery staff. With the drastic reduction of Learning and Delivery teams our members are concerned about all the work that will be lost. Including all the intellectual property that has been developed locally over years. Stripping out local capacity will mean a massive loss of intellectual property.

#### *In our members' voices*

Not enough staff to deliver the learning and development outcomes.

I am very concerned about the drastic reduction in numbers of facilitators and co-ordinators proposed in the consultation document. I do not see how one facilitator and one coordinator could possibly organise and deliver training to the 16,500 FTE staff that fall within that Delivery Support Team region. I see first hand the amount of work involved in setting up, negotiating with speakers/participants/line managers/room bookings and last minute adjustments that are required to arrange a 'simple workshop'. It is also a highly relationship driven/dependent process. I cannot fathom how this will possibly work with only one coordinator across that geographical area, serving that many people.

I think they've completely missed how big a risk this is if this isn't well thought out. Your LMS administrator is no longer local, moved to national, or didn't get a job at national so handover didn't happen. So course completions didn't go into your HR system. Your HR system isn't reporting to your manager's scorecard. Your manager then can't schedule staff who are accredited to work. If they can't see that nurses have done their training for Cancer treatment, then you don't have a roster. There's a very direct impact on the frontline.

There will not be enough staff to support the move to further on-line training if they proceed with the cut in FTE across the Learning Management System roles (from LMS administration to developers and instructional designers).

We hear that clinical is not part of O&CD, yet approximately 80% of the elearning developed is clinical and we design all learning to be applied in a clinical context. Why would L&D not support our clinical education, especially since we bring expertise in adult education principles? We also hear that we won't be supporting primary and community health care anymore. Delivering elearning to the whole health sector costs practically nothing and helps Health NZ meet the reform goals, and helps keep patients well in the community and not costing us in hospital admissions.

**Recommendation 14: The next proposal document considerably increase the FTE in learning and delivery.**

**Recommendation 15: Develop a model that will build on local knowledge and strength, appoint leader positions so that the work towards transitioning to one National eLearning Platform can begin using the expertise of those currently working in the environment.**

*Lack of clarity about new roles and*

No information is provided about how the role would function. For many roles the geographical area covered is greatly increased, substantially changing the nature of the work. At the same time the FTE is reduced. How is someone who has gone from working in a team within a single district, to being the sole person in their role and covering multiple districts, possibly know what work they will and won't be doing. Without job descriptions our members cannot give meaningful feedback.

*In our members' voices*

I'm concerned about the cost and inefficiency involved in a facilitator travelling from their home region to deliver a workshop/training event at another site. Often, short i.e. 2 hour, workshops are more practical for staff to attend rather than half-day or full-day events. Last minute cancellations are common due to acute staffing/patient needs. Relying on people flying in is both financially and environmentally costly. There is a risk that we would have to rely on external contractors to deliver but again this may not mitigate any of the risks above and may actually increase costs

There is so little information about the new role (other than the title and reporting line in the Consultation Document) that is impossible to know what the work would actually be and that the role is now essentially sole charge. Who and or what Learning Development Facilitator would 'facilitate' is therefore unknown. Whether there will still be local/hospital/iwi/marae/community based learning providers is most unclear.

Details need to be provided, not least of which is a job description or position description, since each of these 9 new Learning Development Facilitators seems to have either Regional or multiple District responsibilities.

**Recommendation 16: That the next consultation document contains a concrete proposal of what the core roles and responsibilities of the learning development roles will be, so that members can give meaningful feedback.**

### *Importance of in person learning*

Our members were very concerned that the underlying assumption of stripping local delivery capacity was that a substantial amount of learning would happen on-line. Our members were generally supportive of integrated national on-line learning where appropriate. However, they were very clear that substantial in person capacity was required as well.

Face-to-face training has substantial pedagogical advantages for many types of learning (for example learning that has a practical element and when building relationships). In addition, many workers in Te Whatu Ora do not have access to good facilities to complete on-line learning. In person learning must be a core part of Te Whatu Ora's learning and development approach.

The long-term cost to Te Whatu Ora of an under resourced and inappropriate approach to learning will be substantial. The benefits of a national online learning will only be beneficial if there is sufficient capacity to deliver local training face to face as well.

And no, all learning cannot be done online (as Andrew Slater seemed to be saying when he did his big speech). There are good pedagogical and practical reasons why a lot of our training and education is done face-to-face as opposed to purely online learning.

The (implied) reliance on virtual workshop delivery that seems to be inherent in this proposal (only one facilitator per Delivery support team and an explicit focus

on 'digital first' delivery). Virtual workshops and eLearning can be OK, but they are not as effective for many of the types of workshops/training needed to address culture improvements within an organisation. In-person connection and discussion is such an important piece of this mahi.

An over-reliance on virtual and eLearning methods is a barrier for many who either/both lack digital skills/confidence and don't have ready access to a quiet space and computer in the workplace to attend such training (think of a nurse or healthcare assistant on a busy ward with a limited number of computers that are needed by their colleagues to deliver patient care while they are trying to attend a 'virtual workshop')

I am generally in favour of having a nationally consistent set of programmes to address staff and organisational culture development. However, there does need to be the ability to tailor to local needs. I see sense in a national eLearning platform with common programmes across this where it is possible to do so.

My understanding is that they're moving to an on-line learning environment and not everything can be taught on-line. Or not everyone is able to be taught that way. I know personally – I hate that kind of online learning environment, because I'm a hands on person. Also the contrast between not working from home – and yet the learning environment is moving all on-line.

without the face to face learning people won't engage. That's at least a risk factor.

**Recommendation 17: That Te Whatu Ora develop an integrated uniform learning system and also fully resource local capacity to deliver face to face learning.**

### *Equity*

Our members were concerned about equity within Organisational and Culture Development. While there are equity roles, they are siloed within Diversity, Equity and Inclusion. In addition, decisions that have been made about the structure of the team do not seem to have included equity considerations. Te Whatu Ora will not be able to build an equitable health system, unless it prioritises equitable treatment of its workforce.

Poor equity representation within OD and Culture.

Virtual and eLearning methods do not work well for Māori and other vulnerable populations in many situations.

If anything it looks like they're going backwards – at the moment in learning and development we have someone who concentrates on our kaimahi Māori staff and they're proposing to disestablish him.

**Recommendation 18: Include equity roles throughout the Organisational and Culture Development team and make equity a core element of the design of the Organisational and Culture Development team.**

### *Te Mauri o Rongo*

This proposal only allocates 1 fixed term FTE to Te Mauri o Rongo. As well as being an inadequate allocation of resources, allocating just one person to work on the project alone runs counter to the goal of Te Mauri o Rongo: “Whanaungatanga: Whiria te tangata. Weave our people together for a common purpose to serve our community, our Aotearoa. We are a team, and together a team of teams.” That cannot be done by one person.

Te Mauri o Rongo is an ongoing commitment to the workforce. Creating that role as a fixed-term position means that the knowledge and relationships they build will be lost, which is counter to the goals and approach of Te Mauri o Rongo.

Te Whatu Ora must take its commitment to Te Tiriti seriously. It cannot simply espouse a commitment via the Charter and statements in position profiles and not resource this commitment or live these principles. This change proposal and all of the change proposals fail to incorporate and bring life to these principles.

### *In our members' voices*

Just a fixed term role, because it's just going to be a one off.

Straight away – if you really wanted to work in a Te Tiriti dynamic way – you would have a collective of people performing those roles. They would be small teams, because we do nothing by ourselves, nothing.

### **Recommendation 19: Te Whatu Ora fully resource Te Mauri o Rongo and live its commitment to equity and Te Tiriti.**

### *Communications and Engagement*

Our members emphasised the importance of local communication and engagement staff to ensure local voice and meet the local needs of staff and patients.

One example of the importance of local communication and engagement staff is during any disruption. The PSA has been surveying its members on response to disruption and one of the repeated themes is the importance of timely information from employers. Members have mentioned the importance of information about road closures and other very local information during disruption. Such information is only possible if there are local communications staff.

Local communication teams have been building relationships throughout the community to ensure that health information gets to those who need it. Removing local communications and engagement people will sever those relationships.

As with other areas of the change proposal, there did not seem to be good understanding of the functions that are currently being performed by comms staff, and the clinical disruption that will occur if functions cease. For example, if a designer is currently involved in producing clinical forms for a hospital and that role is disestablished, then that will be an obstacle to any change in practice across the hospital.

This proposal has gone against all the feedback provided during the first phase of change which was don't centralise - local hospital teams do not want this and you



will kill local voice and ignore local needs of patients and staff. NONE of this was listened to. I doubt any comms people have confidence in the process or what is being proposed. I strongly believe the change team also never undertook sufficient or broad enough consultation with people in the comms team to come up with a model that actually works!

We're worried that all our work we've done locally is going to go. We have great relationships with local people who are the face of our material – what will happen to that?

**Recommendation 20: Local communication and engagement capacity is maintained.**

**HR Helpdesk**

Our members were generally supportive of the idea of an HR helpdesk. Those who worked in areas that had already established helpdesks thought that they were useful. Those who worked in areas that did not have helpdesks could see the purpose of such a function.

There were key concerns about how the process of setting up helpdesks.

First, The FTE seems to be based on current employed roles. At least in some areas the number of roles was the number of filled roles, and the vacancies seem to have been disestablished. This sets up the helpdesks to fail, by understaffing them from the start.

Second, the mapping to helpdesk roles has been based on job title, without understanding what roles people currently perform. This means that some functions that people currently perform are going to be disestablished by accident, and that some people are going to be mapped onto roles that do not reflect their skills.

Thirdly, how will an HR helpdesk function in the absence of a National Data and Digital support system? The old 29 entities all operated their own digital platforms and where the vendor may be the same in some instances the versions and which functions are enabled varies greatly.

We have a number of vacancies – they're just going to be swallowed up – which will bake in short staffing?

I work in Helpdesk which is proposed to be disestablished however all other districts that we have been grouped with, are not losing their Helpdesk employees. We are the biggest of all districts also therefore I can only assume that Helpdesk jobs will be needed - so why do I need to apply for the same job I do now.

How can they map advisory people to HR helpdesk roles without knowing what they actually do?

Our team are responsible for all HR queries as a helpdesk function to the wider P & C Team, but also provide HR advice and also responsible for drafting/processing of variation of contracts, secondments, higher duties, parental leave, salary translations, offer letters, workflows to microster and payroll, adhoc payroll processing, receiving and screening any follow up or

changes required of all pay equity applications from various union settlements, just to name a few. Our space is so busy we have employed another person just recently to do Admin Support and are looking at employing a second person. - - Being proposed to be disestablished when we clearly have a huge part to play in the HR function and the thought that our current employees may be in a position where we have to re-apply for our jobs against each other does not make logical sense especially since we are still hiring people on FTA to help with the work load!

**Recommendation 21: Capacity for Helpdesk roles reflect full capacity, not currently filled roles. That current HR support functions are fully mapped, before individuals are mapped to roles, to ensure core functions will continue and that people are correctly mapped.**

#### *Administrative roles*

Throughout Te Whatu Ora's change proposals we have noted that administrative roles are being disestablished based on their title. It appears Te Whatu Ora has learnt nothing from the Clerical and Administration Pay Equity settlement which identified that there were over 1500 different Administration position titles across the then 20 DHBs. These position titles had no consistency. Often as well as their named support role those in administrative roles take on a number of other functions. In order to avoid overwork and burn-out it is essential that the full work that administration roles currently do is mapped and reallocated.

The PSA is concerned that in the Hospital and Specialist Services Team Administrative roles are designated fixed term. We do not think this can be justified – how could these team's need for administrative support be temporary?

#### *In our members' voices*

We are very confused with the proposal and the FTE and whether the stuff we're doing now is just going to be completely chucked out the window as if it never existed.

Should the expectation be that I continue to shoulder both responsibilities, I feel compelled to highlight that my current workload is already stretched beyond capacity. Balancing these expanded duties already impact the quality and timeliness of my contributions to both areas.

**Recommendation 22: Restructuring involving admin staff only proceed once the full scope of work currently being undertaken is mapped and the proposal include where all functions will be moved to, not just the job title. That the ongoing need for administrative support be acknowledged and Hospital and Specialist Services Team Administrative roles be permanent.**

#### *Industrial Workplace Relations & Remuneration*

The PSA has identified serious undersourcing in Industrial Workplace Relations & Remuneration that will have an impact on the workforce and therefore on Te Whatu Ora's ability to retain staff.

### *Pay Equity*

The PSA is deeply concerned about the approach to Pay Equity in this document. The proposal does not take Pay Equity seriously and does not provide adequate pay equity capacity.

First, the document states that one of its key aims is to see: 'Pay Equity resolved'. This view of Pay Equity as something that is done once and then resolved, shows a substantial lack of understanding of the nature of Pay Equity. Pay Equity settlements are reached, but are also required by these settlements and legislation to be maintained. Maintaining Pay Equity, and addressing pay equity gaps that arise must be seen as an ongoing process.

Te Whatu Ora's current Pay Equity capacity is completely inadequate and has been causing entirely unnecessary delays in the settlement of Pay Equity claims and the maintenance of settled claims.

The PSA has contributed considerable resources into Pay Equity, because we believe the female dominated workforce deserve to have their work valued. We also realise that undervaluing the female dominated workforce contributes to the health sectors current staffing and recruitment crisis. We are very concerned that Te Whatu Ora does not seem to be dedicating adequate resource to Pay Equity or understand its obligations to current claims and settlements.

**Recommendation 23: All references to Pay Equity being resolved be removed and replaced with 'Pay equity claims settled and pay equity maintained'.**

**Recommendation 24: Te Whatu Ora substantially increase the Pay Equity workforce capacity.**

### *Industrial Relations*

The Industrial Relations Specialists allocation is not adequate. Their FTE appears to be based on current filled roles and does not take into account the long standing vacancies that exist. Existing roles are already overloaded, without greatly increasing the geographical areas they are responsible for. In addition, the removal of admin support from these roles, will have a serious impact on their ability to deliver. There is substantial processing and calculating involved in this function and admin support is required.

**Recommendation 25: Te Whatu Ora increase the IR capacity to reflect vacancies and ensure those roles have administrative support.**

## **Recommendations**

**Recommendation 1: All Te Whatu Ora consultation restructuring proposals must include information about positions that are proposed to be disestablished.**

**Recommendation 2: All Te Whatu Ora consultation restructuring proposals must include sufficient information about proposed roles, including job descriptions and salaries.**

**Recommendation 3: Te Whatu Ora develop a brief summary of the change proposals in people and communications for the wider workforce so that they can give feedback.**

**Recommendation 4: The next step of this change proposal, and all other Te Whatu Ora change documents, contain a map of the current state as well as a proposal for change.**

**Recommendation 5: Te Whatu Ora undertake workshops with people who complete similar roles across the country and develop a model based on collaboration, before the next step in this change proposal.**

**Recommendation 6: Te Whatu Ora develop processes on what transition is required and how it will be implemented and supported in consultation with workers, unions, and internal users of services. All future proposals contain details about the transition.**

**Recommendation 7: Te Whatu Ora clarifies its intent for those on IEA's to ensure a fair process is conducted when/if IEA's are amended and that Te Whatu Ora meets all its obligations under the Employment Relations Act 2000.**

**Recommendation 8: Te Whatu Ora follow the law around change processes and the provisions set out in our collective agreements.**

**Recommendation 9: Integrate Health and Safety and Occupational Health and Wellbeing.**

**Recommendation 10: Increase the Health and Safety delivery teams FTE to take into account vacancies, contracted roles, and the removal of management expertise and consider introducing specific roles, such as data specialist.**

**Recommendation 11: That health and safety interest based problem solving and data roles be created.**

**Recommendation 12: That the next consultation document contains a concrete proposal of how local delivery teams that cover multiple districts will function so that members can give meaningful feedback.**

**Recommendation 13: Revise the proposal for Emergency Management to incorporate the national workplan undertaken by the sector. Reverse cuts to Emergency Management where they take place. Consider moving Emergency Management to the Office of the Chief Executive or Hospital and Specialist Services**

**Recommendation 14: The next proposal document considerably increase the FTE in learning and delivery.**

**Recommendation 16: That the next consultation document contains a concrete proposal of what the core roles and responsibilities of the learning development roles will be, so that members can give meaningful feedback.**

**Recommendation 17: That Te Whatu Ora develop an integrated uniform learning system and also fully resource local capacity to deliver face to face learning.**

**Recommendation 18: Include equity roles throughout the Organisational and Culture Development team and make equity a core element of the design of the Organisational and Culture Development team.**

**Recommendation 19: Te Whatu Ora fully resource Te Mauri o Rongo**

**Recommendation 23: All references to Pay Equity being resolved be removed and replaced with 'Pay equity claims settled and pay equity maintained'.**

**Recommendation 24: Te Whatu Ora substantially increase the Pay Equity workforce capacity.**

**Recommendation 25: Te Whatu Ora increase the IR capacity to reflect vacancies and ensure those roles have administrative support.**